

CASE PC/4-31388B

| CERTIFICATE OF FACSIMILE TRANSMISSION  |                                 |                             |
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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office on the date shown below. |                                 |                             |
| <u>Angelica Gehring</u><br>Type or print name  | <u>[Signature]</u><br>Signature | <u>Oct. 8, 2004</u><br>Date |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF  
BHALAY ET AL.

Art Unit: 1626

Examiner: Taofiq A. Solola

APPLICATION NO: 10/644,328

FILED: AUGUST 20, 2003

FOR: 8-QUINOLINXANTHINE AND 8-ISOQUINOLINXANTHINE  
DERIVATIVES AS PDE 5 INHIBITORS

MS: Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

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INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is being filed with the filing of a Request for Continued Examination. Therefore, no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

The listed references are of record in parent Application No. 10/240,481 filed October 2, 2002, and copies are available therein. However, applicants are willing to send copies of any or all of these references at the Examiner's request.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

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Date: 10/8/04

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.  
4-31388B  
APPLICATION NO.  
10/644,328  
APPLICANT  
BHALAY ET AL.  
FILING DATE  
AUGUST 20, 2003

Group

## U.S. PATENT DOCUMENTS

| EXAMINER<br>INITIAL |    | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE |
|---------------------|----|-----------------|------|------|-------|----------|-------------|
|                     | AA |                 |      |      |       |          |             |
|                     | AB |                 |      |      |       |          |             |
|                     | AC |                 |      |      |       |          |             |
|                     | AD |                 |      |      |       |          |             |
|                     | AE |                 |      |      |       |          |             |
|                     | AF |                 |      |      |       |          |             |
|                     | AG |                 |      |      |       |          |             |
|                     | AH |                 |      |      |       |          |             |
|                     | AI |                 |      |      |       |          |             |
|                     | AJ |                 |      |      |       |          |             |
|                     | AK |                 |      |      |       |          |             |
|                     | AL |                 |      |      |       |          |             |

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## FOREIGN PATENT DOCUMENTS

|  |    | DOCUMENT NUMBER | DATE     | OFFICE | CLASS | SUBCLASS | TRANSLATION              |                          |
|--|----|-----------------|----------|--------|-------|----------|--------------------------|--------------------------|
|  |    |                 |          |        |       |          | YES                      | NO                       |
|  | AM | 94/28902        | 12/22/94 | WO     |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
|  | AN |                 |          |        |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
|  | AO |                 |          |        |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
|  | AP |                 |          |        |       |          | <input type="checkbox"/> | <input type="checkbox"/> |
|  | AQ |                 |          |        |       |          | <input type="checkbox"/> | <input type="checkbox"/> |

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

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|--|----|--|
|  | AR |  |
|  | AS |  |
|  | AT |  |

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.